

POSITION	INITIALS	ID NO.	DATE
----------	----------	--------	------

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
✓	Canceled	A	Appeal
✓	Restricted	C	Objected

Claim	Date	Claim	Date	Claim	Date
1		101		101	
2		102		102	
3		103		103	
4		104		104	
5		105		105	
6		106		106	
7		107		107	
8		108		108	
9		109		109	
10		110		110	
11		111		111	
12		112		112	
13		113		113	
14		114		114	
15		115		115	
16		116		116	
17		117		117	
18		118		118	
19		119		119	
20		120		120	
21		121		121	
22		122		122	
23		123		123	
24		124		124	
25		125		125	
26		126		126	
27		127		127	
28		128		128	
29		129		129	
30		130		130	
31		131		131	
32		132		132	
33		133		133	
34		134		134	
35		135		135	
36		136		136	
37		137		137	
38		138		138	
39		139		139	
40		140		140	
41		141		141	
42		142		142	
43		143		143	
44		144		144	
45		145		145	
46		146		146	
47		147		147	
48		148		148	
49		149		149	
50		150		150	

If more than 150 claims are to be listed,  
staple additional sheet here.